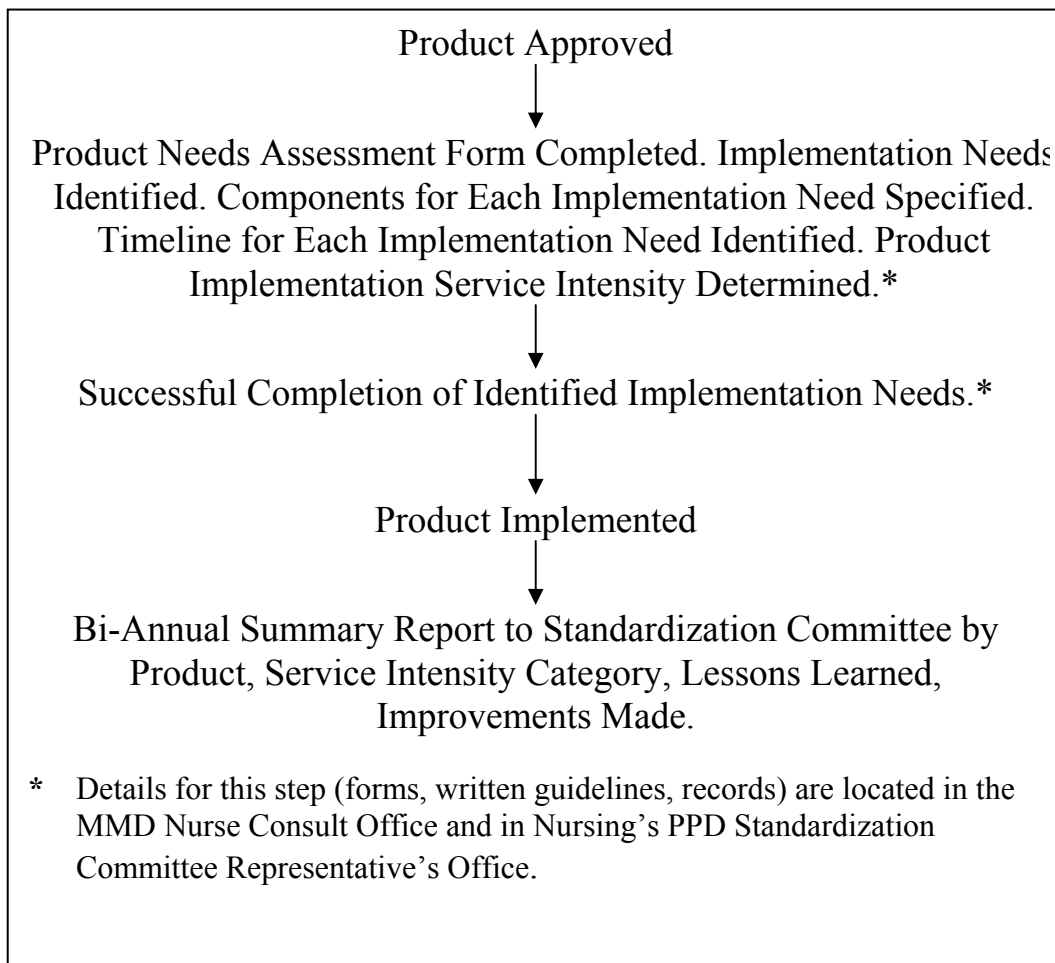


## Product Implementation Process

### PROCEDURE:

1. An implementation needs assessment form (copy attached) is completed by MMD Nurse Consult Service and/or Nursing and Patient Care Services' Professional Practice Development staff/designee for each Standardization Committee approved product. Upon completion of the needs assessment form each product is assigned to a service intensity category (Category One [very low] to Category Four [very high]).
2. Implementation of each Standardization Committee approved product occurs only after successful completion of identified pre-implementation needs.
3. A bi-annual summary report is provided to the Standardization Committee for each product, product service intensity category, implementation lessons learned, implementation process improvements made.



## Product Implementation Process

### NEEDS ASSESSMENT FORM

Product (Supply  
Item): \_\_\_\_\_

Date \_\_\_\_\_

Form Completed by (circle): MMD PPD MMD/PPD

Product Type (circle): Replacement New

Check All That Apply:

\_\_\_\_\_ Single dept/ area involved.  
Specify: \_\_\_\_\_

\_\_\_\_\_ Multiple dept/ areas involved.  
Specify: \_\_\_\_\_

\_\_\_\_\_ Major CHS Impact (e.g. custom kit change; product line switch-out).  
Specify: \_\_\_\_\_

\_\_\_\_\_ Usage overseen by trained staff.  
Specify: \_\_\_\_\_

\_\_\_\_\_ New technology involved.  
Specify: \_\_\_\_\_

\_\_\_\_\_ Learning curve anticipated.  
Specify: \_\_\_\_\_

\_\_\_\_\_ Other Committee/ Department Approval needed.  
List: \_\_\_\_\_

\_\_\_\_\_ Timeline (start to finish) \_\_\_\_\_

\_\_\_\_\_ All Product Components needed to implement  
Comment: \_\_\_\_\_

\_\_\_\_\_ Timeline (start to finish) \_\_\_\_\_

\_\_\_\_\_ Transition team needed.  
List areas to be involved: \_\_\_\_\_

\_\_\_\_\_ Inservice needed.

\_\_\_\_\_ List acceptable type(s): \_\_\_\_\_

\_\_\_\_\_ Timeline (start to finish) \_\_\_\_\_

\_\_\_\_\_ Education validation needed.

\_\_\_\_\_ List acceptable documentation \_\_\_\_\_

\_\_\_\_\_ Timeline (start to finish) \_\_\_\_\_

\_\_\_\_\_ Skills validation needed

\_\_\_\_\_ List acceptable documentation \_\_\_\_\_

\_\_\_\_\_ Timeline (start to finish): \_\_\_\_\_

\_\_\_\_\_ SOP--new or change needed

\_\_\_\_\_ Comment(s) \_\_\_\_\_

\_\_\_\_\_ Timeline (start to finish): \_\_\_\_\_

\_\_\_\_\_ Product Update/ Information needed

\_\_\_\_\_ Comment(s) \_\_\_\_\_

\_\_\_\_\_ Post Assessment needed

\_\_\_\_\_ Comment(s) \_\_\_\_\_

Other Comments: \_\_\_\_\_

Product Service Intensity (circle one category): ONE TWO THREE FOUR

## Product Implementation Process Flowchart

